My name is Teri Parker and I am here to represent my son Marcus Osborne who is an inmate located at H.D.S.P. My son has Epilepsy since the age of 15. My son had a grand mal seizure on November 6, 2007 leaving the infirmary. My son was cuffed from behind and went face down in the gravel ripping his lower lip inside his mouth, loosening a few teeth, traumatic laceration to his chin which required seven stitches, his face was cut up from the gravel, his wrist were cut up from the cuffs and then later he had more body strain from being cuffed by his ankles and wrist (four pointed), his shoulder had to be x-rayed and his ankles and wrist were swollen.. I also want to bring the following to your attention:

- Grand Mal means severe epilepsy characterized by seizures. My son's seizures have always been powerful and violent which can last up to twenty to thirty minutes long.
- Apparently Dr. Mumford at H.D.S.P. has stated in my son's medical records that he thinks my son's seizures are a behavioral problem just because he has never seen a seizure such as my son's. It is my opinion that Dr. Mumford is not educated seizure disorders. I have copies of my son's medical records where Dr. Mumford repeatedly states he feels my son's seizures "appears to be a behavior problem".
- My son was four pointed which his medical records stated "to protect him" however this caused even more strain on his body. YOU DO NOT RESTRAIN A SEIZURE PATIENT.
- To add to that Dr. Mumford gave my son Haldol supposedly to calm him down. One of the many side effects of HALDOL is seizures. Is Dr. Mumford trying to kill my son or bring more harm to him?
- January 2007 my son had a seizure and was put on Phenobarbital and Depakote which was prescribed by another doctor in another prison. There were no problems again until he was sent back to H.D.S.P.
- I have been hearing for three years that the DOC needs to train their staff for situations such as seizures nothing ever changes.
 - Put a sign on my son's cell door stating "Medical" so that whoever transports him is aware that he is a medical inmate.
 - ➤ The C.O.'s in the bubble should have knowledge of every inmate in their unit who is medical. Which means some type of notification by the inmate's picture should also state medical.
 - ➤ All inmates are required to wear their I.D. badges. It is my suggestion that any medical inmate's I.D. should have a different

color background instead of red/orange to help identify that inmate as medical.

THESE ARE JUST THREE SUGGESTIONS WHICH CAN BE IMPLAMENTED NOW AT A VERY MINIMAL COST TO THE DOC WHICH CAN SAVE INMATE'S LIVES.

- Just because my son may refuse to take any medication does not mean that he should get anything less than decent medical care should he have another seizure. He is very much aware that stress and sleep deprivation is in part what brings on his seizures.
- Since Phenobarbital is a narcotic some inmates where hording them so I was informed that Warden Neven directed the medical staff to crush the Phenobarbital prior to giving it to an inmate. By doing this there was no way my son knew if he was getting the correct dosage so he refused this medication. Prior to this directive by the Warden, there were times that the medical staff who was giving out medication was not giving my son the correct dosage. They were exceeding the dosage at times. My son requested again on November 26, 2007 not to have his Phenobarbital crushed but the doctor denied this request per the Warden's policy.
- My son has also stopped taking the Depakote since he has gained thirty-five pounds in one year. He has put a kite in to see the doctor for a different medication however the medical days are also the same as his visiting days and on December 11, 2007 he refused his medical appointment because he had a visit with me which I can only visit my son twice a month. If he was to go to the infirmary he probably would be there all day waiting for the doctor. My son's unit should have a different medical day other than Tuesday which is also their visiting days.